

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|--|---|---|---|--|---|----------------------------|-------------|--|--|-----------|--|
| 1. Name and Address of Committee LAMOA PAC 700 North Tenth Street Suite 240 Baton Rouge, LA 70802 Check If: New Committee _____ | 2. Date of this Statement <div style="text-align: center;">1/22/2014</div> | Report Number: 38417 Date Filed: 1/22/2014 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: center;">20</div> | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>MATT WELLMAN</td> <td>Chairperson</td> <td>1532 Kuebel Street Suite B Harahan, LA</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | MATT WELLMAN | Chairperson | 1532 Kuebel Street Suite B Harahan, LA | | Treasurer | |
| <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | | | | | | | | | |
| MATT WELLMAN | Chairperson | 1532 Kuebel Street Suite B Harahan, LA | | | | | | | | | |
| | Treasurer | | | | | | | | | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> <tr> <td>On attached sheet</td> <td></td> <td></td> </tr> </table> | | | <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | On attached sheet | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> <tr> <td>On attached sheet</td> <td></td> </tr> </table> | | | <u>a. Name</u> | <u>b. Address</u> | On attached sheet | | | | | | |
| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| On attached sheet | | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee | | | | | | | | | | | |
| b. Name of Candidate | c. Office Sought by the Candidate | | | | | | | | | | |
| 9. a. Name of Person Preparing Report BURLAND & ASSOCIATES b. Daytime Telephone | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>22nd</u> day of <u>January</u> , <u>2014</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Matt Wellman</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>225-387-0650</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> _____ Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> _____ Daytime Telephone </td> </tr> </table> | | | <u>Matt Wellman</u> Signature of Committee/Chairperson | <u>225-387-0650</u> Daytime Telephone | _____ Signature of Committee Treasurer, if any | _____ Daytime Telephone | | | | | |
| <u>Matt Wellman</u> Signature of Committee/Chairperson | <u>225-387-0650</u> Daytime Telephone | | | | | | | | | | |
| _____ Signature of Committee Treasurer, if any | _____ Daytime Telephone | | | | | | | | | | |

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

| a. <u>Name</u> | b. <u>Address</u> | c. Relationship to Committee |
|--|---|------------------------------|
| LOUISIANA AMUSEMENT & OPERATORS ASSOCIATION | 700 North 10th Street Suite 240 Baton Rouge, LA 70802 | |

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

| a. <u>Name</u> | b. <u>Address</u> |
|----------------|--------------------------------------|
| JP MORGAN | 3759 Perkins Road Baton Rouge, LA |